



In recognition of the Servicemember's Civil Relief Act (SCRA), the following information will be used by the Iowa Department of Revenue to determine whether the individual requesting a deferral of Iowa Income Tax qualifies for the deferral.

This form must be completed in its entirety and all required documents enclosed. Please type or print all information clearly.

INDIVIDUAL'S INFORMATION

Name _____ Social Security Number _____

Physical Address: _____

City _____ State _____ ZIP _____

PO Box _____ City _____ State _____ ZIP _____

Phone Number: (____) _____ Marital Status: _____

E-mail address: _____

Are you seeking deferral of an existing Iowa income tax debt with the Iowa Department of Revenue? _____

If so, what tax year(s) are you seeking deferral? _____

Enclose any assessment you may have received from the Department for the tax years you are seeking deferral, if any.

Have you filed tax returns for the tax period in which you are seeking deferral of collection of Iowa income tax? _____

If no, what authority do you have for not filing the returns? _____

SPOUSE INFORMATION (if applicable)

Name _____ Social Security Number _____

Physical Address (*if different from above*) _____

City _____ State _____ ZIP _____

MILITARY INFORMATION

- 1) Are you an active duty member of the Army, Navy, Air Force, Marine Corps, or Coast Guard? _____
 - a) If you answered yes to 1) above, which branch are you a member and when did or will your active duty begin? _____
- 2) If you answered no to 1) above, are you a National Guard or Reserve member who is or will serve a call to active service authorized by the President or the Secretary of Defense for a period of more than 30 consecutive days? _____
- 3) If you answered no to 1) and 2) above, are you a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration?

If you answered yes to 1), 2), or 3) above, you must provide the following information and must enclose a copy of your orders.

Military/Personnel Order No. _____

Period of duty covered in order: From _____ to _____
(month/day/year) (month/day/year)

Pursuant to 50 U.S.C § 570, the Iowa Department of Revenue must defer collecting income tax falling due either before or during military service if the servicemember's ability to pay the income tax has been "materially affected" because of the taxpayer's military service. The deferral must last up to 180 days after termination or release from military service.

In the space below (attach additional pages if needed) describe why you believe your ability to pay Iowa income tax has been materially affected by your military service. You must also supply supporting documentation for your claim that your ability to pay has been materially affected by your military service.

☐ By marking this box, I am authorizing the Director of the Iowa Department of Revenue or the Director's designee to discuss my tax account information with my Power of Attorney. My Power of Attorney is: _____

I declare that the information I have entered on this form or documents attached thereto is true and correct.

Signed: _____ (Servicemember) Date: _____

Copies of your **deployment orders must be enclosed** with this form.

Return by Mail: Iowa Department of Revenue, Examination Services
PO Box 10456, Des Moines, Iowa 50306-0456